WEST Search History

DATE: Thursday, November 21, 2002

Set Name side by side	Query	Hit Count	Set Name result set
	DB=USPT,PGPB,JPAB,DWPI; PLUR=YES; OP=ADJ		
L2	L1 and (erectile dysfunction or sex$ dysfunction or impoten$ or sexual arousal disorder)	29	L2
L1	brain derived neurotrophic factor or BDNF	1309	L1

END OF SEARCH HISTORY

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$%^STN;HighlightOn= ***;HighlightOff=*** ;


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ZCAPLUS
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NEWS 8 Apr 22 Federal Research in Progress (FEDRIP) now available
NEWS 9 Jun 03 New e-mail delivery for search results now available
NEWS 10 Jun 10 MEDLINE Reload
NEWS 11 Jun 10 PCTFULL has been reloaded
NEWS 12 Jul 02 FOREGE no longer contains STANDARDS file segment
NEWS 13 Jul 22 USAN to be reloaded July 28, 2002;
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NEWS 18 Aug 08 NTIS has been reloaded and enhanced
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        now available on STN
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reloaded
NEWS 22 Aug 26 Sequence searching in REGISTRY enhanced
NEWS 23 Sep 03 JAPIO has been reloaded and enhanced
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NEWS 25 Sep 16 Indexing added to some pre-1967 records in CA/CAPLUS
NEWS 26 Sep 16 CA Section Thesaurus available in CAPLUS and CA
NEWS 27 Oct 01 CASREACT Enriched with Reactions from 1907 to 1985
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NEWS 29 Oct 24 BEILSTEIN adds new search fields
NEWS 30 Oct 24 Nutraceuticals International (NUTRACEUT) now available on
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NEWS 32 Nov 18 DKILIT has been renamed APOLLIT

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FILE 'HOME' ENTERED AT 15:14:40 ON 21 NOV 2002

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=> s brain derived neurotrophic factor or BDNF

L1      11377 BRAIN DERIVED NEUROTROPHIC FACTOR OR BDNF

=> s l1 and (erect? dysfunction or erect? disorder or sex? dysfunction or sex?
disorder or impoten? or sexual arous? disorder or sex? arous? dysfunction)
L2        12 L1 AND (ERECT? DYSFUNCTION OR ERECT? DISORDER OR SEX?
DYSFUNCTIO
          N OR SEX? DISORDER OR IMPOTEN? OR SEXUAL AROUS?
DISORDER OR
          SEX? AROUS? DYSFUNCTION)

=> dup rem l2
PROCESSING COMPLETED FOR L2
L3        10 DUP REM L2 (2 DUPLICATES REMOVED)

=> d bib abs 1-
YOU HAVE REQUESTED DATA FROM 10 ANSWERS - CONTINUE? Y/(N):y

L3  ANSWER 1 OF 10  CAPLUS  COPYRIGHT 2002 ACS
AN  2002:89855  CAPLUS
DN  136:129429
TI  Methods and compositions for preventing and treating male  ***erectile***
      ***dysfunction***  and female  ***sexual***  ***arousal***
      ***disorder***  using VEGF,  ***BDNF*** , or bFGF
IN  Lue, Tom F.; Lin, Ching-Shwun; Kan, Yuet W.
PA  USA
SO  PCT Int. Appl., 79 pp.
    CODEN: PIXXD2
DT  Patent
LA  English
FAN.CNT 1
    PATENT NO.      KIND  DATE         APPLICATION NO.  DATE
    --------------- ----  -------      ---------------  --------
PI  WO 2002007757   A2  20020131     WO 2001-US22970  20010719
        W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN,
           CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH,
           GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,
           LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT,
           RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ,
           VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
        RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
           DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF,
           BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
    US 2002160951   A1  20021031     US 2001-909544  20010719
PRAI US 2000-220031P  P  20000721
AB  This invention relates generally to the field of urol. In particular, the
    invention provides a method for preventing or treating male
      ***erectile***  ***dysfunction***  or female  ***sexual***
      ***arousal***  ***disorder*** , which method comprises administering
    an effective amt. of vascular endothelial growth factor (VEGF),
      ***brain*** - ***derived***  ***neurotrophic***  ***factor*** (
      ***BDNF*** ), basic fibroblast growth factor (bFGF), or a functional
    deriv. or fragment thereof, or a nucleic acid encoding said VEGF,
      ***BDNF***  or bFGF, or functional deriv. or fragment thereof, or an
    agent that enhances prodn. and/or erection or sexual arousal stimulating
    function of said VEGF or  ***BDNF***  or bFGF to a mammal, wherein such
    prevention or treatment is desirable, thereby preventing or treating said
    male  ***erectile***  ***dysfunction***  of female  ***sexual***
      ***arousal***  ***disorder***  in said mammal. Combinations,
    combinatorial methods and kits for preventing or treating male
      ***erectile***  ***dysfunction***  or female  ***sexual***
      ***arousal***  ***disorder***  are also provided.

L3  ANSWER 2 OF 10  BIOSIS  COPYRIGHT 2002 BIOLOGICAL ABSTRACTS
INC.
AN  2002:465074  BIOSIS
DN  PREV200200465074
TI  The effect of VEGF and adeno-associated virus mediated  ***BDNF***  on
    neurogenic and vasculogenic  ***erectile***  ***dysfunction***
    induced by hyperlipidemia.
AU  Gholami, Shahram S. (1); Chang, Johnny; Rogers, Rodman; Ho, Hao-Chung;
    Jad, Amr; Lin, Ching-Shwun; Lue, Tom F.
CS  (1) Tiburon, CA USA
SO  Journal of Urology, (April, 2002) Vol. 167, No. 4 Supplement, pp. 235.
    http://www.jurology.com/. print.
    Meeting Info.: Annual Meeting of the American Urology Association, Inc.
    Orlando, Florida, USA May 25-30, 2002
    ISSN: 0022-5347.
DT  Conference
LA  English

L3  ANSWER 3 OF 10  EMBASE  COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN  2002129786  EMBASE
TI  Neuroprotection in Parkinson's disease; a commentary.
AU  Gatto E.M.; Riobo N.; Carreras M.C.; Poderoso J.J.; Micheli F.E.
CS  E.M. Gatto, Prog. Parkinson Movimientos Anormal., Hospital de Clinicas,
    Universidad de Buenos Aires, Juramento 1155-3A, Buenos Aires 1428,
    Argentina. emiliagatto@fibertel.com.ar
SO  Neurotoxicity Research, (2002) 4/2 (141-145).
    Refs: 34
    ISSN: 1029-8428  CODEN: NURRFI
CY  United Kingdom
DT  Journal; Note
FS  005  General Pathology and Pathological Anatomy
```

008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Parkinson's disease (PD) is a worldwide neurodegenerative disorder. Although the etiology has been linked to genetic and environmental factors, curative treatment remains a challenge. Several hypotheses support different pathophysiological mechanisms related to oxidative stress, glutamate-mediated neurotoxicity, mitochondrial energetic impairment and nitric oxide (NO) overproduction. Moreover, apoptotic mechanisms have been identified in PD. In this way, classical drugs such as amantadine, selegiline and dopamine agonists showe only a modest neuroprotective effect. New strategies with enormous potential are now under development. These include neuroprotectants and agents that might rescue dopaminergic neurons. Glutamate receptor antagonists, neurotrophins, neuroimmunophilins, adenosine A2A receptor antagonists, iron-chelators and NO modulators, as well as capase inhibitors have evident neuroprotective properties in experimental PD models.

L3 ANSWER 4 OF 10 CAPLUS COPYRIGHT 2002 ACS
AN 2001:828415 CAPLUS
DN 137:89412
TI Detection of variations in the DNA methylation profile of genes in the determining the risk of disease
IN Berlin, Kurt; Piepenbrock, Christian; Olek, Alexander
PA Epigenomics A.-G., Germany
SO PCT Int. Appl., 636 pp.
CODEN: PIXXD2
DT Patent
LA German
FAN.CNT 68

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001077373	A2	20011018	WO 2001-XA1486	20010406
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, CF, CG, CI, CM, GA, GW, ML, MR, NE, SN, TD, TG				
DE 10019058	A1	20011220	DE 2000-10019058	20000406
WO 2001077373	A2	20011018	WO 2001-DE1486	20010406
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
PRAI DE 2000-10019058	A	20000406		
WO 2001-DE1486	W	20010406		

AB The invention relates to an oligonucleotide kit as probe for the detection of relevant variations in the DNA methylation of a target group of genes. The invention further relates to the use of the same for detg. the gene variant with regard to DNA methylation, a medical device, using an oligonucleotide kit, a method for detg. the methylation state of an individual and a method for the establishment of a model for establishing the probability of onset of a disease state in an individual. Such diseases may be: undesired pharmaceutical side-effects; cancerous diseases; CNS dysfunctions, injuries or diseases; aggressive symptoms or relational disturbances; clin., psychol. and social consequences of brain injury; psychotic disorders and personality disorders; dementia and/or assocd. syndromes; cardiovascular disease, dysfunction and damage; dysfunction, damage or disease of the gastrointestinal tract; dysfunction, damage or disease of the respiratory system; injury, inflammation, infection, immunity and/or anastasis; dysfunction, damage or disease of the body as an abnormal development process; dysfunction, damage or disease of the skin, muscle, connective tissue or bones; endocrine and metabolic dysfunction, damage or disease; headaches or ***sexual*** ***dysfunction*** . This abstr. record is one of several records for this document necessitated by the large no. of index entries required to fully index the document and publication system constraints.

L3 ANSWER 5 OF 10 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE
1
AN 2001:310110 BIOSIS
DN PREV200100310110
TI The effect of adeno-associated virus mediated ***brain*** ***derived*** ***neurotrophic*** ***factor*** in an animal model of neurogenic ***impotence*** .
AU Bakircioglu, Mustafa Emre; Lin, Ching-Shwun; Fan, Peidong; Sievert, Karl-Dietrich; Kan, Yeut W.; Lue, Tom F. (1)
CS (1) Department of Urology, University of California, San Francisco, CA, 94143-0738 USA
SO Journal of Urology, (June, 2001) Vol. 165, No. 6 Part 1, pp. 2103-2109. print.
ISSN: 0022-5347.
DT Article
LA English
SL English
AB Purpose: We tested the hypothesis that transfecting penile tissue with ***brain*** ***derived*** ***neurotrophic*** ***factor*** may facilitate neural recovery and erectile capability after cavernous nerve injury. Materials and Methods: Of the 34 Sprague-Dawley rats used 10 underwent sham operation and 24 underwent bilateral cavernous nerve freezing and intracavernous injection of adeno-associated virus-LacZ (12) or adeno-associated virus- ***brain*** ***derived*** ***neurotrophic*** ***factor*** (12). Erectile function was assessed by cavernous nerve electrostimulation at 4 and 8 weeks, and samples of penile tissue and the major pelvic ganglia were evaluated histologically. Results: In the ***brain*** ***derived*** ***neurotrophic*** ***factor*** group mean maximal intracavernous pressure plus or minus standard deviation was significantly higher than in the LacZ group at 4 and 8 weeks (58.5 +- 11.7 cm. water versus 28.4 +- 5.5 and 61.3 +- 12.5 versus 37.7 +- 7.9, respectively). In addition, in the ***brain*** ***derived*** ***neurotrophic*** ***factor*** group reduced nicotinamide adenine dinucleotide phosphate diaphorase staining and neuronal nitric oxide synthase immunostaining revealed significantly more positive nerve fibers in the dorsal nerves and cavernous tissue than in the LacZ group at each time point and the percent of neuronal nitric oxide synthase positive neurons in the major pelvic ganglia was also significantly greater. Moreover, in the LacZ group most neurons showed a light staining pattern with irregular contours and numerous vacuoles in the cytoplasm. Conclusions: Intracavernous injection of adeno-associated virus- ***brain*** ***derived*** ***neurotrophic*** ***factor*** may prevent the degeneration of neuronal nitric oxide synthase containing neurons in the major pelvic ganglia and facilitate the regeneration of neuronal nitric oxide synthase containing nerve fibers in penile tissue, thus, enhancing the recovery of erectile function after bilateral cavernous nerve injury.

L3 ANSWER 6 OF 10 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001281322 EMBASE
TI Peripheral nerve injury: A review and approach to tissue engineered constructs.
AU Evans G.R.D.
CS Dr. G.R.D. Evans, Division of Plastic Surgery, University of California, 101 City Drive, Orange, CA 92868, United States. Gevans@uci.edu
SO Anatomical Record, (1 Aug 2001) 263/4 (396-404).
Refs: 64
ISSN: 0003-276X CODEN: ANREAK
CY United States
DT Journal; General Review
FS 008 Neurology and Neurosurgery
009 Surgery
LA English
SL English
AB Eleven thousand Americans each year are affected by paralysis, a devastating injury that possesses associated annual costs of $7 billion (American Paralysis Association, 1997). Currently, there is no effective treatment for damage to the central nervous system (CNS), and acute spinal cord injury has been extraordinarily resistant to treatment. Compared to spinal cord injury, damage to peripheral nerves is considerably more common. In 1995, there were in excess of 50,000 peripheral nerve repair procedures performed. (National Center for Health Statistics based on Classification of Diseases, 9th Revision, Clinical Modification for the following categories: ICD-9 CM Code: 04.3, 04.5, 04.6, 04.7). These data, however, probably underestimate the number of nerve injuries appreciated, as not all surgical or traumatic lesions can be repaired. Further, intraabodominal procedures may add to the number of neurologic injuries by damage to the autonomic system through tumor resection. For example, studies assessing the outcome of ***impotency*** following radical prostatectomy demonstrated 212 of 503 previously potent men (42%) suffered ***impotency*** when partial or complete resection of one or both cavernosal nerve(s). This ***impotency*** rate decreased to 24% when the nerves were left intact (Quinlan et al., J. Urol. 1991;145:380-383; J. Urol. 1991;145:998-1002). .COPYRGT. 2001 Wiley-Liss, Inc.

L3 ANSWER 7 OF 10 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002000113 EMBASE
TI Guest editorial.
AU Blackburn T.
CS T. Blackburn, Synaptic Pharmaceutical Corporation, 215 College Road, Paramus, NI 07652-1431, United States. TBlackburn@Synapticcorp.com
SO Pharmaceutical News, (2001) 8/3 (12-17).
Refs: 4
ISSN: 1071-894X CODEN: PHNEEP
CY United Kingdom
DT Journal; Editorial
FS 030 Pharmacology
032 Psychiatry
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L3 ANSWER 8 OF 10 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

AN 2000:209330 BIOSIS
DN PREV200000209330
TI The effect of adeno-associated virus-mediated ***brain*** - ***derived*** ***neurotrophic*** ***factor*** in an animal model for neurogenic ***impotence*** .
AU Bakircioglu, Mustafa E. (1); Lin, Ching-Shwun (1); Wefer, Joerg (1); Sievert, Karl-Dietrich (1); Fan, Peidong (1); Kan, Yeut W. (1); Lue, Tom F. (1)
CS (1) San Francisco, CA USA
SO Journal of Urology, (April, 2000) Vol. 163, No. 4 Suppl., pp. 198. Meeting Info.: 95th Annual Meeting of the American Urological Association, Inc. Atlanta, Georgia, USA April 29, 2000-May 04, 1999
ISSN: 0022-5347.
DT Conference
LA English
SL English

L3 ANSWER 9 OF 10 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1994:26247 BIOSIS
DN PREV199497039247
TI Neurotrophic factors in the diabetic rat penis.
AU Te, Alexis E.; Koo, Harry P.; Kaplan, Steven A; Buttyan, Ralph; Olsson, Carl A.; Shabsigh, Ridwan
CS Dep. Urol., Coll. Physician Surgeons, Columbia Univ., New York, NY USA
SO Surgical Forum, (1993) Vol. 44, No. 0, pp. 758-760.
ISSN: 0071-8041.
DT Article
LA English

L3 ANSWER 10 OF 10 CAPLUS COPYRIGHT 2002 ACS
AN 1993:161757 CAPLUS
DN 118:161757
TI Therapeutic and diagnostic methods based on neurotrophin-4 expression
IN Hallbook, Finn; Ibanez Moliner, Carlos Fernando; Persson, Hakan Bengt; Ip, Nancy; Yancopoulos, George D.
PA Regeneron Pharmaceuticals, Inc., USA
SO PCT Int. Appl., 179 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 9220365	A1	19921126	WO 1992-US4266	19920520
W: AU, CA, CS, FI, HU, JP, KR, NO, RU				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE				
CA 2109598	AA	19921126	CA 1992-2109598	19920520
AU 9223021	A1	19921230	AU 1992-23021	19920520
AU 674659	B2	19970109		
EP 587806	A1	19940323	EP 1992-914704	19920520
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, MC, NL, SE				
ZA 9203716	A	19930127	ZA 1992-3716	19920521
PRAI US 1991-703450		19910521		
US 1991-729253		19910712		
US 1991-734422		19910723		
US 1991-751356		19910828		
US 1991-762674		19910920		
US 1991-791924		19911114		
WO 1992-US4266		19920520		

AB Neurotrophin-4 (NT-4), a newly characterized member of the ***brain*** - ***derived*** ***neurotrophic*** ***factor*** (***BDNF***)/nerve growth factor/NT-3 gene family, is disclosed, as are nucleic acids encoding NT-4. A comparison of sequences for different members of the NGF family derived from human, rat, chicken, viper, Xenopus, and salmon sources is presented. A human NT-4 probe hybridized strongly to mRNA from skeletal muscle, prostate, thymus, testes, and placenta; the high expression of human NT-4 in muscle tissue suggests use of the invention in treatment of disorders affecting motor neurons. A chimeric gene for prodn. of a neurotrophin prepro region fused to the human NT-4 mature coding region was constructed and expressed in COS cells. The biol. activity of the recombinant human NT-4 was tested in motor neuron-enriched cultures. Other therapeutic (e.g. treating a prostate-localized disease characterized by increased transcription of the NT-4 gene) and diagnostic (motor neuron disorder diagnosis) methods using NT-4 or related mols. (oligonucleotides, antibodies) are also disclosed.

=> s sex? arous? (disorder or dysfunction or disease)
MISSING OPERATOR 'AROUS? (DISORDER'
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s sex? arous? (5a)(disorder or dysfunction or disease)
L4 98 SEX? AROUS? (5A)(DISORDER OR DYSFUNCTION OR DISEASE)

=> s l4 (3s) (female or woman or women)
L5 71 L4 (3S) (FEMALE OR WOMAN OR WOMEN)

=> s l5 and BDNF
L6 1 L5 AND BDNF

=> d bib abs

L6 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2002 ACS
AN 2002:89855 CAPLUS
DN 136:129429
TI Methods and compositions for preventing and treating male erectile ***dysfunction*** and ***female*** ***sexual*** ***arousal*** ***disorder*** using VEGF, ***BDNF*** , or bFGF
IN Lue, Tom F.; Lin, Ching-Shwun; Kan, Yuet W.
PA USA
SO PCT Int. Appl., 79 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2002007757	A2	20020131	WO 2001-US22970	20010719
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
US 2002160951	A1	20021031	US 2001-909544	20010719
PRAI US 2000-220031P	P	20000721		

AB This invention relates generally to the field of urol. In particular, the invention provides a method for preventing or treating male erectile ***dysfunction*** or ***female*** ***sexual*** ***arousal*** ***disorder*** , which method comprises administering an effective amt. of vascular endothelial growth factor (VEGF), brain-derived neurotrophic factor (***BDNF***), basic fibroblast growth factor (bFGF), or a functional deriv. or fragment thereof, or a nucleic acid encoding said VEGF, ***BDNF*** or bFGF, or functional deriv. or fragment thereof, or an agent that enhances prodn. and/or erection or sexual arousal stimulating function of said VEGF or ***BDNF*** or bFGF to a mammal, wherein such prevention or treatment is desirable, thereby preventing or treating said male erectile ***dysfunction*** of ***female*** ***sexual*** ***arousal*** ***disorder*** in said mammal. Combinations, combinatorial methods and kits for preventing or treating male erectile ***dysfunction*** or ***female*** ***sexual*** ***arousal*** ***disorder*** are also provided.

=> d his

(FILE 'HOME' ENTERED AT 15:14:40 ON 21 NOV 2002)

FILE 'BIOSIS, EMBASE, CAPLUS' ENTERED AT 15:14:57 ON 21 NOV 2002
L1 11377 S BRAIN DERIVED NEUROTROPHIC FACTOR OR BDNF
L2 12 S L1 AND (ERECT? DYSFUNCTION OR ERECT? DISORDER OR SEX? DYSFUNC
L3 10 DUP REM L2 (2 DUPLICATES REMOVED)
L4 98 S SEX? AROUS? (5A)(DISORDER OR DYSFUNCTION OR DISEASE)
L5 71 S L4 (3S) (FEMALE OR WOMAN OR WOMEN)
L6 1 S L5 AND BDNF

=> s l5 and review
L7 10 L5 AND REVIEW

=> dup rem l7
PROCESSING COMPLETED FOR L7
L8 9 DUP REM L7 (1 DUPLICATE REMOVED)

=> d bib abs 1-
YOU HAVE REQUESTED DATA FROM 9 ANSWERS - CONTINUE? Y/(N):y

L8 ANSWER 1 OF 9 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:537546 BIOSIS
DN PREV200200537546
TI Psychologic treatments for female sexual dysfunction: Are they effective and do we need them.
AU Heiman, Julia R. (1)
CS (1) Outpatient Psychiatry Center, University of Washington, 4225 Roosevelt Way NE, Suite 306, Seattle, WA, 98105: jheiman@u.washington.edu USA
SO Archives of Sexual Behavior, (October, 2002) Vol. 31, No. 5, pp. 445-450.
http://www.kluweronline.com/issn/0004-0002. print.
ISSN: 0004-0002.
DT General Review
LA English
AB Most successful treatments for sexual dysfunction are psychophysiological, in that physiological change circularly interacts with a psychological change. The topic of this article is ***female*** sexual dysfunction treatments that are psychologic, defined as interventions whose primary vector of action is initiated through psychological mechanisms in contrast to physiologic treatments initiated through a physical act on the body. In the enthusiasm for new physiologic approaches, there has been a strong tendency to overlook or dismiss the evidence that does exist for efficacious or promising psychologic treatments. Each diagnostic category

of desire, arousal, orgasm, and pain disorders is briefly reviewed with respect to efficacious or effective criteria. The ***review*** shows there to be limited controlled research, with only orgasmic disorders meeting the more stringent "well established" criteria, promising but uncontrolled results for vaginismus and dyspareunia, minimal effectiveness data for hypoactive sexual desire disorder, and no available efficacy data on ***female*** ***sexual*** ***arousal*** ***disorder*** and sexual aversion. It is concluded that (a) since a psychologic treatment can and does impact sexual physiology, we need to continue to develop and test psychologic approaches both out of intellectual interest and out of respect for the choices patients require or prefer, (b) the prescription of a physiologic treatment which ignores the fact that human sexuality is infused with individual meaning may invite further interference with sexual functioning, and (c) future research would do well to test the efficacy of the psychologic and physiologic treatments, both separately and in combination, for ***female*** sexual dysfunction.

L8 ANSWER 2 OF 9 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002212340 EMBASE
TI Are our definitions of women's desire, arousal and sexual pain disorders too broad and our definition of orgasmic disorder too narrow?.
AU Basson R.
CS R. Basson, Brit. Columbia Centre for Sexuality, UBC Department of Psychiatry, Echelon Building, 855 W. 12th Avenue, Vancouver, BC V5Z 1M9, Canada. sexmed@interchange.ubc.ca
SO Journal of Sex and Marital Therapy, (2002) 28/4 (289-300).
Refs: 33
ISSN: 0092-623X CODEN: JSMTB5
CY United States
DT Journal; General Review
FS 032 Psychiatry
LA English
SL English
AB Since each individual ***female*** sexual dysfunction is complex, it is necessary to subtype them in addition to dividing them into lifelong or acquired ***disorder*** . The complexity of ***women*** 's ***sexual*** ***arousal*** necessitates appreciation of a number of different types of arousal disorders that vary not only in etiology but also in management. The coexistence of sexual arousal and sexual desire, which develops during a sexual experience, explains the frequent comorbidity of arousal and desire disorders. Subtyping of hypoactive sexual desire disorder allows analysis of lack of receptivity and of any marked loss of the traditional markers of sexual desire over and beyond a normative lessening with relationship duration. Dyspareunia and vaginismus require further analysis prior to any definitive therapy. The definition of orgasmic disorder needs to include loss of orgasmic intensity and the possibility of coincident arousal disorder.

L8 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2002 ACS
AN 2002:274761 CAPLUS
DN 137:134303
TI Clinical update on sildenafil citrate
AU Osterloh, Ian H.; Riley, Alan
CS Pfizer Ltd, Sandwich, CT13 9NJ, UK
SO British Journal of Clinical Pharmacology (2002), 53(3), 219-223
CODEN: BCPHBM; ISSN: 0306-5251
PB Blackwell Publishing Ltd.
DT Journal; General Review
LA English
AB A ***review*** . The advent of sildenafil has made a considerable impact on the research and medical communities. It has led to increased interest in sexual medicine, both in academia, in clin. practice and in the pharmaceutical industry. There is a growing recognition that sexual disorders are relatively common, cause considerable distress to both partners in a relationship, are relatively easy to identify and can be studied in a clin. trial setting. Several large pharmaceutical companies are searching for new treatments for male erectile ***dysfunction*** , ***female*** ***sexual*** ***arousal*** ***disorder*** and premature ejaculation.
RE.CNT 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 4 OF 9 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:491802 BIOSIS
DN PREV200200491802
TI The role of mechanical devices in treating female sexual dysfunction and enhancing the female sexual response.
AU Billups, Kevin L. (1)
CS (1) The EpiCenter for Sexual Health and Medicine, 7455 France Avenue South, No. 362, Edina, MN, 55435: billu001@tc.umn.edu USA
SO World Journal of Urology, (June, 2002) Vol. 20, No. 2, pp. 137-141. print.
ISSN: 0724-4983.
DT General Review
LA English
AB ***Female*** sexual dysfunction (FSD) is a common medical problem estimated to affect about 40 million American ***women*** . In 1998, the American Foundation of Urologic Disease (AFUD) Consensus Panel classified FSD into four different categories: sexual desire ***disorder*** , ***sexual*** ***arousal*** ***disorder*** , orgasmic ***disorder*** , and sexual pain disorder. This article will focus on the role of mechanical devices to treat sexual arousal and orgasm disorders and to enhance the ***female*** sexual response. Mechanical devices may work through vibratory stimulation or by causing clitoral vascular engorgement using a vacuum system. While a number of vibratory stimulating devices are available, only one U.S. Food and Drug Administration cleared-to-market device is available by prescription to treat FSD, the Eros Therapy device (UroMetrics, Inc., St. Paul, Minn., USA). The Eros Therapy is a small, battery-powered device used to gently apply direct vacuum over the clitoris causing the clitoral erectile chambers and labia to fill with blood. This article will ***review*** the rationale and benefits of using mechanical devices to treat FSD.

L8 ANSWER 5 OF 9 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000368352 EMBASE
TI ***Female*** ***sexual*** ***arousal*** ***disorder*** : New insights.
AU Goldstein I.; Moreland; Nehra
CS I. Goldstein, Doctor's Office Building, 720 Harrison Avenue, Boston, MA 02118-2334, United States. igoldst@bu.edu
SO International Journal of Impotence Research, (2000) 12/SUPPL. 4 (S152-S157).
Refs: 38
ISSN: 0955-9930 CODEN: IJIRFB
CY United Kingdom
DT Journal; Conference Article
FS 001 Anatomy, Anthropology, Embryology and Histology
010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Epidemiologic investigations of women with female sexual dysfunction (FSD) from well-designed, random-sample, community-based populations are limited. Based on available information, FSD is common and estimated to occur in 22-43% of women. There are limited data on age-related and para-aging risk factors, which are critical to understand when planning treatment and prevention efforts. Based on correlates of FSD, associated risk factors include age, education, history of sexual abuse or sexually transmitted disease, overall state general happiness and physical health. This brief overview attempts to ***review*** what is known about the female sexual anatomy, describes factors that may affect female sexual responsiveness, and identifies several areas where additional research is needed to promote understanding of this complex physiological and psychosocial phenomenon.

L8 ANSWER 6 OF 9 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 95252084 EMBASE
DN 1995252084
TI Female sexual dysfunction.
AU Read J.
CS United Kingdom
SO International Review of Psychiatry, (1995) 7/2 (175-182).
ISSN: 0954-0261 CODEN: IRPSE2
CY United Kingdom
DT Journal; General Review
FS 032 Psychiatry
LA English
SL English
AB A full discussion of the range of ***female*** sexual ***dysfunction*** , including: Hypoactive Sexual Desire ***Disorder*** , ***Sexual*** ***Arousal*** ***Disorder*** , Orgasmic ***Disorder*** and Vaginismus is given in this article. The evaluation of the psychological factors involved in ***female*** dysfunction is examined, with case examples, illustrating the possible aetiological, as well as the precipitating and perpetuating, factors that may be operational in the presentation of the various dysfunctions. The cultural and social context within which ***female*** sexual dysfunctions occur is referred to as well as the impact of gender roles and expectation on ***female*** sexuality. The point is made that ***female*** sexual dysfunction is often understood in terms of fertility issues or other medical difficulties, and that it is under researched in terms of the work done on drug effects on sexuality. There is a brief examination of the impact of the ICI (Intercavernosal Injection) treatment for erectile disorders on the ***female*** partners of such men. Useful interventions and strategies are offered to assist in the management of ***female*** sexual dysfunction.

L8 ANSWER 7 OF 9 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 93199492 EMBASE
DN 1993199492
TI Female sexuality and sexual counseling.
AU Klock S.C.
CS Harvard Medical School,Boston, MA, United States
SO Current Problems in Obstetrics, Gynecology and Fertility, (1993) 16/3 (101-135).
ISSN: 8756-0410 CODEN: CPOIEN
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
032 Psychiatry
LA English
SL English

AB Sexual problems are among the most common problems reported to physicians
and mental health professionals. It has been estimated that 50% of all sexually active couples will have some type of sexual problem. Although sexual problems are common, medical training in the area of human sexuality has been lacking. The purpose of this article is to increase the gynecologist's awareness of ***female*** sexuality and sexual disorders and to facilitate doctor-patient discussions of sexual health issues. After a brief ***review*** of the study of sexuality, the paper describes the development of ***female*** sexuality, including the physiologic and psychological components. It examines the clinical research regarding the four stages of the ***female*** sexual response cycle, in addition to a ***review*** of the literature on ***female*** sexual satisfaction. After a discussion of normal ***female*** sexuality, a description and ***review*** of the literature of five ***female*** sexual disorders are provided. These disorders are hypoactive desire ***disorder*** , ***female*** ***sexual*** ***arousal*** ***disorder*** , inhibited ***female*** orgasm, vaginismus, and dyspareunia. A brief summary of treatment modalities is described. The second part of the paper is devoted to sexual counseling for the physician. This includes sections on overcoming the obstacles to sexual counseling, the prerequisites for sexual counseling, a case example, and a discussion of clinical ethics. Last, a bibliography of suggested patient education materials is provided.

L8 ANSWER 8 OF 9 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE 1
AN 1990:436066 BIOSIS
DN BR39:83927
TI INCIDENCE AND PREVALENCE OF THE SEXUAL DYSFUNCTIONS A CRITICAL
REVIEW OF THE EMPIRICAL LITERATURE.
AU SPECTOR I P; CAREY M P
CS DEP. PSYCHOL., SYRACUSE UNIV., 430 HUNTINGTON HALL, SYRACUSE, N.Y.
13244-2340.
SO Arch. Sex. Behav., (1990) 19 (4), 389-408.
CODEN: ASXBA8. ISSN: 0004-0002.
FS BR; OLD
LA English

L8 ANSWER 9 OF 9 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1993:510735 BIOSIS
DN PREV199345109360
TI Annual ***Review*** of Sex Research, Vol. 3.
AU Bancroft, John [Editor]
SO Bancroft, J. [Editor]. Annual Review of Sex Research, Vol. 3, pp. viii+328p. Annual Review of Sex Research.
Publisher: Society for the Scientific Study of Sexuality Mount Vernon, Iowa, USA.
ISSN: 1053-2528. ISBN: 0-9628266-5-0 (paper), 0-9628266-4-2 (cloth).
DT Book
LA English
AB This volume is part of an on-going series presenting reviews of sexual behavior as well as reviews of the practices and protocols of sex research. The coverage is multi-disciplinary, housing viewpoints from a variety of both social and biological sciences, including primatology. Chapter topics include ***female*** ***sexual*** ***arousal*** , gender identity ***disorder*** in children, sexuality and cancer in ***women*** , and cross-cultural sexual offenses.

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saved answer sets no longer valid
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NEWS 21 Aug 19 The MEDLINE file segment of TOXCENTER has been reloaded
NEWS 22 Aug 26 Sequence searching in REGISTRY enhanced
NEWS 23 Sep 03 JAPIO has been reloaded and enhanced
NEWS 24 Sep 16 Experimental properties added to the REGISTRY file
NEWS 25 Sep 16 Indexing added to some pre-1967 records in CA/CAPLUS
NEWS 26 Sep 16 CA Section Thesaurus available in CAPLUS and CA
NEWS 27 Oct 01 CASREACT Enriched with Reactions from 1907 to 1985
NEWS 28 Oct 21 EVENTLINE has been reloaded
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=> s l1 and review
L2 1014 L1 AND REVIEW

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L2 ANSWER 1 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:559741 BIOSIS
DN PREV200200559741
TI A 4-year update on the safety of sildenafil citrate (Viagra(R.
AU Padma-Nathan, Harin (1); Eardley, Ian; Kloner, Robert A.; Laties, Alan M.; Montorsi, Francesco
CS (1) Male Clinic, 9100 Wilshire Boulevard, Suite 360, East Tower, Beverly Hills, CA, 90212: hpn@insyght.com USA
SO Urology, (August 30, 2002) Vol. 60, No. 2B, pp. 67-90.
http://www.elsevier.com/locate/urologyonline. print.
ISSN: 0090-4295.
DT General Review
LA English

AB Clinical studies have demonstrated that sildenafil citrate (Viagra) is an effective and well-tolerated oral treatment for ***erectile*** ***dysfunction*** . Despite its established safety profile, concern about its cardiovascular safety persists among some physicians and the general public. This concern has stemmed primarily from sporadic reports of adverse events published in the literature and sensationalized by the media. However, the only absolute contraindication for sildenafil is concurrent use of nitrates. Because sildenafil has been on the market for 4 years and under clinical investigation for even longer, we can now evaluate its long-term safety in men who have been taking the drug for several years. We ***review*** this issue from 3 perspectives. First, we reassess the overall safety profile of sildenafil by reviewing the initial controlled clinical trials and open-label studies. We present new data from patients who have been exposed to sildenafil for up to 4.5 years. We also evaluate the results from independent postmarketing studies. Second, we ***review*** the cardiovascular-specific results from the clinical trials, long-term extension, and postmarketing studies. Lastly, we ***review*** the specific effects on the visual system based on findings from studies conducted during drug development and post marketing.

L2 ANSWER 2 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:559740 BIOSIS
DN PREV200200559740
TI Depression, antidepressant therapies, and ***erectile*** ***dysfunction*** : Clinical trials of sildenafil citrate (Viagra(R)) in treated and untreated patients with depression.
AU Nurnberg, H. George (1); Seidman, Stuart N.; Gelenberg, Alan J.; Fava, Maurizio; Rosen, Raymond; Shabsigh, Ridwan
CS (1) Department of Psychiatry, University of New Mexico School of Medicine, 2400 Tucker NE, Albuquerque, NM, 87131-5286: geon@unm.edu USA
SO Urology, (August 30, 2002) Vol. 60, No. 2B, pp. 58-66. http://www.elsevier.com/locate/urologyonline. print. ISSN: 0090-4295.
DT General Review
LA English
AB ***Erectile*** ***dysfunction*** (ED) and depression are highly prevalent conditions and frequently occur concomitantly in predisposed individuals. Men with ED and depression are also likely to have other comorbid conditions including diabetes, hypertension, and heart disease. Because ED is also a common adverse effect of some medications for these conditions, patients are frequently noncompliant with treatment. Sildenafil citrate (Viagra) is effective in treating ED of a broad range of etiologies, suggesting that it may be equally beneficial in patients with ED that is associated with depressive symptoms and in those with ED resulting from serotonergic reuptake inhibitor (SRI) antidepressant treatment. We ***review*** the results of 3 randomized, placebo-controlled trials and a retrospective analysis of data pooled from 10 clinical trials that examine the efficacy of sildenafil in treating ED associated with depression and as an adverse effect of SRI treatment. The results suggest that sildenafil is efficacious as a first-line treatment for ED in men with untreated minor depression, in men with ED that is refractory to successful SRI treatment of depression, and in those whose depression was successfully treated but who developed ED as a consequence of SRI treatment. Given the complex interrelations among ED, depression, and other comorbid conditions, the key to proper management is a comprehensive evaluation, including sexual function, and an accurate differential diagnosis.

L2 ANSWER 3 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:559739 BIOSIS
DN PREV200200559739
TI Efficacy and safety of sildenafil citrate (Viagra(R)) in men with ***erectile*** ***dysfunction*** and spinal cord injury: A ***review*** .
AU Derry, Fadel (1); Hultling, Claes; Seftel, Allen D.; Sipski, Marca L.
CS (1) National Spinal Injuries Center, Stoke Mandeville Hospital, Aylesbury, Buckinghamshire, HP21 8AL: derry@webstar.co.uk UK
SO Urology, (August 30, 2002) Vol. 60, No. 2B, pp. 49-57. http://www.elsevier.com/locate/urologyonline. print. ISSN: 0090-4295.
DT General Review
LA English
AB Spinal cord injury (SCI) affects a substantial number of men who are young, active, and otherwise healthy. ***Erectile*** ***dysfunction*** (ED) is a common consequence of SCI. Since its approval, sildenafil citrate (Viagra) has been shown to effectively treat ED of various etiologies. We ***review*** the evidence for the efficacy and safety of sildenafil treatment of ED in men with SCI. A literature search identified 2 randomized controlled trials and 4 prospective case series that evaluated sildenafil treatment for ED from SCI. Efficacy was evaluated using an assessment of global efficacy and a more specific assessment of erectile function. For general efficacy, the proportion of patients who reported improved erections and ability to have intercourse was as high as 94%. Up to 72% of intercourse attempts were successful. For measures of erectile function, 5 of the 6 studies showed statistically significant improvements among sildenafil-treated versus placebo-treated patients. Erectile response rates were generally higher in patients with incomplete versus complete SCI and in patients with upper versus lower motor neuron lesions. Nevertheless, a substantial proportion of patients with complete lesions, regardless of level or lower motor neuron lesions, also benefited from sildenafil. Sildenafil was well tolerated. Incidence rates and types of adverse events that occurred in these studies were similar to those published previously. Symptoms of autonomic dysreflexia were not reported in any study. Existing evidence suggests that oral sildenafil is a highly effective and well-tolerated treatment for ED associated with SCI.

L2 ANSWER 4 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:527008 BIOSIS
DN PREV200200527008
TI Penile arteries and erection.
AU Simonsen, Ulf (1); Garcia-Sacristan, Albino; Prieto, Dolores
CS (1) Department of Pharmacology, University of Aarhus, DK-8000, Aarhus C: us@farm.au.dk Denmark
SO Journal of Vascular Research, (July August, 2002) Vol. 39, No. 4, pp. 283-303. http://www.karger.com/journals/jvr/jvr_jh.htm. print. ISSN: 1018-1172.
DT General Review
LA English
AB Alterations in the flow of blood to and from the penis are thought to be the most frequent causes of male ***erectile*** ***dysfunction*** and, therefore, the present ***review*** focuses on the penile vasculature. In the flaccid state, tonic noradrenaline release from the sympathetic nerves contracts penile arterial and corporal smooth muscle through activation of postjunctional alpha1-adrenoceptors, both by increasing intracellular calcium and by enhancing the sensitivity of the contractile apparatus for calcium. In addition, noradrenaline inhibits vasodilatatory neurotransmitter release by prejunctional alpha2-adrenoceptors. The exact role of the sympathetic neurotransmitters, neuropeptide Y and adenosine 5'-triphosphate, in erection is largely unknown. Penile vasodilatation during erection is mediated by nitric oxide (NO) through activation of guanylyl cyclase in the smooth muscle layer, followed by increases in cyclic guanosine monophosphate lowering of intracellular calcium and desensitisation of the contractile apparatus for calcium. Acetylcholine, vasoactive intestinal peptide as well as peptides in sensory nerves probably also play a role in penile vasodilation. Increased flow through the penile arteries stimulates the endothelium leading to release of NO, prostanoids and a non-NO non-prostanoid factor, and as such enhances the vasodilatation, while the role of endothelium-derived contractile factors in penile vasoconstriction is not clear. ***Erectile*** ***dysfunction*** shares arterial risk factors with ischaemic heart disease, and diabetes, age, and hypercho-lesterolaemia are associated with impairment of both neurogenic and endothelium-dependent vasodilator mechanisms in corpus cavernosum. Only few studies have investigated the impact of these risk factors on the penile vasculature, although recent evidence suggests that arterial insufficiency precedes changes in corpus cavernosum leading to ***erectile*** ***dysfunction*** .

L2 ANSWER 5 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:493615 BIOSIS
DN PREV200200493615
TI A retrospective ***review*** of 307 men with Peyronie's disease.
AU Kadioglu, Ates (1); Tefekli, Ahmet (1); Erol, Bulent (1); Oktar, Tayfun (1); Tunc, Murat (1); Tellaloglu, Sedat (1)
CS (1) Department of Urology, Medical Faculty of Istanbul, University of Istanbul, Istanbul Turkey
SO Journal of Urology, (September, 2002) Vol. 168, No. 3, pp. 1075-1079. http://www.jurology.com/. print. ISSN: 0022-5347.
DT Article
LA English
AB Purpose: We discuss the clinical appearance and natural outcome of Peyronie's disease. Materials and Methods: During an 8-year period 307 men with Peyronie's disease were evaluated, and clinical characteristics, risk (factors), penile deformities, erectile status and outcome were analyzed. Results: Mean patient age plus or minus standard deviation was 52.8+-9.3 years (range 23 to 76). Penile deformity, pain on erection and palpable nodule were the most common (85%) presenting symptoms, usually in different combinations. The remaining 15% of men (mean age 59.4+-6.5 years) were not aware of the penile deformity and were diagnosed during standard evaluation for ***erectile*** ***dysfunction*** . Dorsal (45.6%) and lateral (29.3%) were the most common curvatures. The degree of deformity was less than 30 degrees in 42.7% of patients, 31 to 60 degrees in 38.8% and greater than 60 degrees in 18.6%. At least 1 risk factor for systemic vascular disease was identified in 67.5% of patients, and hypercholesterolemia and diabetes were the most common. Patients with at least 1 risk factor had a significantly higher risk for severe penile deformity. Of the men 54.4% complained of ***erectile*** ***dysfunction*** and the probability of diminished ***erectile*** capacity was 86.7% in patients older than 60 years, with Peyronie's disease for more than 12 months and at least 1 risk factor. Of 63 patients presenting with the acute phase of disease penile deformity deteriorated in 30.2%, did not change in 66.7% and resolved spontaneously in 3.2% without any treatment after a mean followup of 8.4 months. Conclusions: Our data show that penile deformities are disabling (greater than 30 degrees) in 62.5% of cases. Risk factors, such as serum lipid abnormalities, diabetes and hypertension, seem to have significant impact on the severity of symptoms and outcome. Patients must be informed that Peyronie's disease is progressive in 30.2% without treatment and spontaneous resolution is rare.

L2 ANSWER 6 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:436857 BIOSIS
DN PREV200200436857
TI Quality control in the screening of ***erectile*** ***dysfunction*** : Results of a survey.
AU Hakim, J. (1); Subit, M.; Kandzari, S.; Zaslau, S.
CS (1) Department of Urology, Robert C. Byrd Health Sciences Center, West Virginia University, P.O. Box 9251, Morgantown, WV, 26506-9251 USA
SO Urology, (July, 2002) Vol. 60, No. 1, pp. 125-129. http://www.elsevier.com/locate/urologyonline. print. ISSN: 0090-4295.
DT Article
LA English
AB Objectives: To evaluate the screening patterns of primary care physicians with regard to ***erectile*** ***dysfunction*** (ED). Methods: A prospective study was performed using an institutional ***review*** board-approved Sexual Health Inventory for Men questionnaire of male patients presenting to a university-based urology clinic. The data were compiled and analyzed with descriptive statistics using Statistical Package for Social Sciences, version 10.0, software. Results: Of 140 patients, 102 completed and returned the survey. Of these patients, 93% were white. Twenty-five percent were between the ages of 40 and 50 years, 20% were between the ages of 51 and 60 years, and 24% were between the ages of 60 and 70 years. The average number of risk factors for ED identified in the patient population was 2.1. Fifty-six percent of patients had a Sexual Health Inventory for Men score of 21 or less, indicative of an element of ED. Eighty-three percent had primary care physicians; 23% of patients with a primary care physician were screened for ED. Of those screened, 58% of patients initiated the discussion with their physician. Conclusions: Screening for ED, using the Sexual Health Inventory for Men instrument, should be performed on patients with any identifiable risk factor. Screening is appropriate because effective treatment of ED is available and because ED can be associated with occult cardiac disease.

L2 ANSWER 7 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:433827 BIOSIS
DN PREV200200433827
TI Complications following permanent prostate brachytherapy.
AU Stone, N. N. (1); Stock, R. G.
CS (1) Departments of Urology and Radiation Oncology, Mount Sinai School of Medicine, 1 Gustav Levy Place, New York, NY, 10028: nproseed@aol.com USA
SO European Urology, (April, 2002) Vol. 41, No. 4, pp. 427-433. http://www.elsevier.com/locate/eururo. print. ISSN: 0302-2838.
DT Article
LA English
AB Objectives: The acute and chronic complications of permanent prostate brachytherapy are discussed. Materials and Methods: ***Review*** of literature for the complications associated with iodine-125 (125I) and palladium-103 (103Pd) prostate brachytherapy. Acute complications included urinary retention, changes in the International Prostate Symptom Score (IPSS) and need for TURP. Chronic morbidity included permanent urinary symptoms, incontinence, radiation proctitis and ***erectile*** ***dysfunction*** . Results: Urinary retention occurred in 1.5-22% of the patients postimplant. Acute urinary symptoms increased by over 100% 1 month after the procedure. By 12 months, the symptoms were either back to baseline or slightly elevated in over 90% of the patients. Significant obstructive symptoms or persistent urinary retention necessitating TURP occurred in 0-8.7%. Urinary incontinence was found in 0-19% treated by implant without associated TURP, in 0-85% for those who had a TURP prior to the implant and in 0-17% for those who had the TURP subsequent to the implant. Potency rates ranged from 34% to 86% 1-6 years postimplant. Radiation proctitis was found in 0.5-21.4%, with significant injury (fistula) occurring in 1-2.4%. Conclusions: The data from this report suggests that permanent prostate brachytherapy can be accomplished with minimal short- and long-term morbidity. Attention to detail as well as an appreciation to the causative factors for the morbidity will help reduce treatment-related side effects.

L2 ANSWER 8 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:364883 BIOSIS
DN PREV200200364883
TI Sildenafil for male ***erectile*** ***dysfunction*** : A systematic ***review*** and meta-analysis.
AU Fink, Howard A. (1); Mac Donald, Roderick; Rutks, Indulis R.; Nelson, David B.; Wilt, Timothy J.
CS (1) Veterans Affairs Medical Center, 1 Veterans Dr, PO Box 11G, Minneapolis, MN, 55417: howard.fink@med.va.gov USA
SO Archives of Internal Medicine, (June 24, 2002) Vol. 162, No. 12, pp. 1349-1360. http://www.archinternmed.com. print. ISSN: 0003-9926.
DT Article
LA English
AB Objective: To determine the efficacy and safety of sildenafil citrate in the treatment of male ***erectile*** ***dysfunction*** . Data Sources: The MEDLINE, HealthSTAR, Current Contents, and Cochrane Library databases (January 1, 1995, through December 31, 2000); bibliographies of retrieved articles and ***review*** articles; conference proceedings abstracts; the Food and Drug Administration Web site; and the manufacturer. Study Selection: Trials were eligible if they included men with ***erectile*** ***dysfunction*** , compared sildenafil with control, were randomized, were of at least 7 days' duration, and assessed clinically relevant outcomes. Data Extraction: Two reviewers independently evaluated study quality and extracted data in a standardized fashion. Data Synthesis: Twenty-seven trials (6659 men) met the inclusion criteria. In results pooled from 14 parallel-group, flexible as-needed dosing trials, sildenafil was more likely than placebo to lead to successful sexual intercourse, with a higher percentage of successful intercourse attempts (57% vs 21%; weighted mean difference, 33.7; 95% confidence interval (CI), 29.2-38.2; 2283 men) and a greater percentage of men experiencing at least 1 intercourse success during treatment (83% vs 45%; relative benefit increase, 1.8; 95% CI, 1.7-1.9; 2205 men). In data pooled from 6 parallel-group, fixed-dose trials, efficacy appeared slightly greater at higher doses. Treatment response appeared to vary between patient subgroups, although relative to placebo, sildenafil significantly improved erectile function in all evaluated subgroups. In trials with parallel-group design and flexible dosing, men randomized to receive sildenafil were less likely than those receiving placebo to drop out for any reason and no more likely to drop out due to an adverse event or laboratory abnormality. Specific adverse events with sildenafil included flushing (12%), headache (11%), dyspepsia (5%), and visual disturbances (3%); all adverse events were significantly less likely to occur with placebo. Sildenafil was not significantly associated with serious cardiovascular events or death. Conclusions: Sildenafil improves erectile function and is generally well tolerated. Treatment response seems to vary between patient subgroups, although sildenafil has greater efficacy than placebo in all evaluated subgroups.

L2 ANSWER 9 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:338058 BIOSIS
DN PREV200200338058
TI Sildenafil in the cardiologist's office: Patients' attitudes and physicians' practices toward discussions about sexual functioning.
AU Bedell, Susanna E. (1); Graboys, Thomas B.; Duperval, Melissa; Goldberg, Robert
CS (1) 21 Longwood Avenue, Brookline, MA, 02446 USA
SO Cardiology, (April, 2002) Vol. 97, No. 2, pp. 79-82. http://www.karger.com/journals/crd/crd_jh.htm. print. ISSN: 0008-6312.
DT Article
LA English
AB Sildenafil is a medication increasingly prescribed to improve sexual function in patients who have ***erectile*** ***dysfunction*** . Because a major contraindication to the use of sildenafil is a history of coronary disease and the concomitant use of nitrates, it becomes increasingly important for cardiologists to prescribe this medication. We evaluated the nature of discussions in all 70 patients for whom sildenafil was prescribed in a cardiology practice between April and July 1998. We used a standardized questionnaire to determine the patients' perspective on the sexual history and the extent to which they wanted their physicians to take a detailed history about sexuality. A separate chart ***review*** evaluated the nature of physicians' discussions about sexual functioning before sildenafil was prescribed. Fifty-five of the 70 patients (79%) responded to the survey. The majority of patients (98%) felt that physicians should talk with patients about sexual functioning. However, only 73% of patients believed their doctor was comfortable talking with them about this subject. Sixty percent of patients reported that their doctor had ever talked with them about erectile function and only 15% had ever had a discussion with their doctors about specific difficulties during intercourse. Based on the results of the chart ***review*** , only 24% of the patients ever specifically discussed the used of sildenafil with their physician prior to the time that it was prescribed. The results of the study suggest that patients with coronary ***disease*** ***erectile*** ***dysfunction*** are comfortable talking with their physicians about sexual functioning, but these conversations occur infrequently.

L2 ANSWER 10 OF 1014 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:322371 BIOSIS
DN PREV200200322371
TI Potential therapeutic targets in the rapidly expanding field of purinergic signalling.
AU Burnstock, G. (1)
CS (1) Autonomic Neuroscience Institute, Royal Free and University College Medical School, Rowland Hill Street, London, NW3 2PF: g.burnstock@ucl.ac.uk UK
SO Clinical Medicine (London), (January February, 2002) Vol. 2, No. 1, pp. 45-53. print. ISSN: 1470-2118.
DT Article
LA English
AB The concept of a purinergic signalling system, using purine nucleotides and nucleosides as extracellular messengers, was first proposed over 30 years ago. After a brief historical ***review*** and update of purinoceptor subtypes, this article focuses on the diverse physiological roles of adenosine triphosphate, adenosine diphosphate, uridine triphosphate and adenosine. These molecules mediate short-term (acute) signalling functions in neurotransmission, secretion and vasodilation, and long-term (chronic) signalling functions in development, regeneration,

proliferation and cell death. Plasticity of purinoceptor expression in pathological conditions is frequently observed, including an increase in the purinergic component of parasympathetic nervous control of the human bladder in interstitial cystitis and outflow obstruction, and in sympathetic cotransmitter control of blood vessels in hypertensive rats. The antithrombotic action of clopidogrel (Plavix), a P2Y12 receptor antagonist, has been shown to be particularly promising in the prevention of recurrent strokes and heart attacks in recent clinical trials (CAPRIE and CURE). The role of P2X3 receptors in nociception and a new hypothesis concerning purinergic mechanosensory transduction in visceral pain will be considered, as will the therapeutic potential of purinergic agonists or antagonists for the treatment of supraventricular tachycardia, cancer, dry eye, bladder hyperactivity, ***erectile*** ***dysfunction*** , osteoporosis, diabetes, gut motility and vascular disorders.

=> d his

(FILE 'HOME' ENTERED AT 15:55:53 ON 21 NOV 2002)

FILE 'BIOSIS, EMBASE, CAPLUS' ENTERED AT 15:57:05 ON 21 NOV 2002
L1 7766 S ERECT? (5A) (DYSFUNCTION OR DISORDER OR DISEAS?)
L2 1014 S L1 AND REVIEW

=> s l1 and caus?
L3 1120 L1 AND CAUS?

=> s l3 and review
L4 191 L3 AND REVIEW

=> s l4 not l2
L5 0 L4 NOT L2

=> dup rem l4
PROCESSING COMPLETED FOR L4
L6 164 DUP REM L4 (27 DUPLICATES REMOVED)

=> d bib abs 1-10

L6 ANSWER 1 OF 164 CAPLUS COPYRIGHT 2002 ACS
AN 2002:875588 CAPLUS
TI Selective phosphodiesterase type 5 inhibition using tadalafil for the treatment of ***erectile*** ***dysfunction***
AU Kuan, James; Brock, Gerald
CS Dept. of Surgery, Division of Urology, St. Joseph's Health Centre, London, ON, Can.
SO Expert Opinion on Investigational Drugs (2002), 11(11), 1605-1613
CODEN: EOIDER; ISSN: 1354-3784
PB Ashley Publications Ltd.
DT Journal
LA English
AB ***Erectile*** ***dysfunction*** (ED) pharmacotherapy has undergone dramatic advances over the past decade, since the introduction of phosphodiesterase type 5 inhibitors (PDE5). The availability of an oral agent, sildenafil, able to restore erectile function in the majority of men with an org. basis to their dysfunction, transformed the management. The nos. of men seeking medical attention for ED, along with the increased comfort of physicians treating it, has resulted in enhanced management of this condition. In spite of these advances, there exist a significant no. of men who remain unsuccessfully treated with sildenafil. Development of new PDE5 inhibitors, with the promise of enhanced selectivity, longer duration of action, increased potency and greater ease of use are currently in the final stages of regulatory ***review*** in many countries. Tadalafil is the first such agent to gain preliminary EU approval and is reviewed in detail in this report. Focusing on its phase II/III trial results, tadalafil appears to have an enhanced period of responsiveness extending out to 36 h in 60% of men using the 20 mg dose. Efficacy across a large population of men with ED of various ***causes*** (n = 1112) is in accordance with the other PDE5 inhibitors at 81%. Side effects are generally mild-to-moderate with study drop-out rate at 1.7% in the active arm compared to 1.1% among those receiving placebo. In summary, this agent will likely play an important role in the management of ED across a broad spectrum of etiologies, once past the ongoing regulatory ***review*** process.

L6 ANSWER 2 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002385737 EMBASE
TI Orexigenic and anabolic agents.
AU Morley J.E.
CS J.E. Morley, Division of Geriatric Medicine, St. Louis Univ. School of Medicine, 1402 South Grand Boulevard M238, Saint Louis, MO 63104, United States. morley@slu.edu
SO Clinics in Geriatric Medicine, (2002) 18/4 (853-866).
Refs: 116
ISSN: 0749-0690 CODEN: CGMEE6
PUI S 0749-0690(02)00036-8
CY United States
DT Journal; General Review
FS 003 Endocrinology
020 Gerontology and Geriatrics
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Anorexia and weight loss represent a major ***cause*** of morbidity and mortality [106-112]. At present in the United States two effective anorectic agents are commonly used, namely, megestrol acetate and dronabinol. These two agents are compared in Table 1. In persons with a large excess cytokine production, megestrol acetate should be tried at a does of 800 mg per day for no longer than 3 months. Megestrol acetate should be administered with testosterone in men. It should be avoided in persons who are bed-bound because of the risk of deep vein thrombosis. Dronabinol should be used for most anorectic patients. Dronabinol should initially be given in a low dose (2.5 mg) in the evening. The dose should be increased to 5 mg per day if no improvement in appetite is seen after 2 to 4 weeks. Dronabinol can be continued indefinitely. It seems to have a particularly good profile for persons with anorexia who are at the end of life. In persons with depression and anorexia, mirtazapine seems to be the antidepressant of choice. In addition, the use of taste enhancers can be considered in persons who complain that the food does not taste good [113]. The appropriate use of anabolic agents in older persons with weight loss is controversial. Certainly all older men who are losing weight should have bioavailable testosterone measured [114] and, if the testosterone level is low, should receive testosterone replacement therapy [115]. Women who are losing weight may benefit from the use of low-dose testosterone (eg, Estratest). Anabolic agents, such as oxandrolone, should be reserved for those who have profound cachexia. An approach to the management of anorexia and weight loss in older persons is given in Fig. 1. Thomas et al [116] have provided a more complex algorithm for the management of weight loss in nursing home residents.

L6 ANSWER 3 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002369695 EMBASE
TI Autonomic neuropathies.
AU Low P.A.
CS Prof. P.A. Low, Department of Neurology, Mayo Medical School, Mayo Clinic, Rochester, MN 55905, United States. low@mayo.edu
SO Current Opinion in Neurology, (2002) 15/5 (605-609).
Refs: 25
ISSN: 1350-7540 CODEN: CONEEX
CY United Kingdom
DT Journal; General Review
FS 008 Neurology and Neurosurgery
037 Drug Literature Index
LA English
SL English
AB Purpose of ***review*** : To update recent advances in the pathogenesis, pathophysiology and treatment of some autonomic neuropathies. Recent findings: When evaluating a patient with subacute autonomic neuropathy, certain autoantibodies are important in diagnosis and may influence management. Ganglionic antibody may be pathogenetically important while the paraneoplastic antibodies alert the clinician to the presence of an occult neoplasm. Autonomic failure is an integral component of diabetic neuropathy. Sildenafil is safe and efficacious in treating ***erectile*** ***dysfunction*** in diabetic patients. Sympathetic cardiac hyperinnervation can occur concurrently with denervation in diabetic neuropathy The gene mutations for hereditary sensory and autonomic neuropathies I, III, and IV are now known and there is clear unmyelinated fiber loss. Additional options for treatment of orthostatic hypotension include erythropoietin and, surprisingly, water. Botulinum toxin is efficacious, at least for a time, for the treatment of palmar and axillary hyperhidrosis. Summary: Ganglionic antibody likely mediates autoimmune autonomic neuropathy. Sympathetic cardiac hyperinnervation can occur and could potentially ***cause*** arrhythmia and sudden death. Knowledge of gene mutations of hereditary sensory and autonomic neuropathies I, III and IV could lead to more secure diagnosis of the disorders. Effective treatment of essential hyperhidrosis with botulinum toxin injection has been demonstrated. It might be possible to improve treatment of orthostatic hypotension acutely with water imbibation and chronically with erythropoieting.

L6 ANSWER 4 OF 164 CAPLUS COPYRIGHT 2002 ACS
AN 2002:580005 CAPLUS
DN 137:149657
TI Topiglan (MacroChem)
AU McMahon, Chris G.
CS Australian Center for Sexual Health, St Luke's Hospital Complex, Sydney, NSW 2011, Australia
SO Current Opinion in Investigational Drugs (PharmaPress Ltd.) (2002), 3(4), 602-606
CODEN: COIDAZ; ISSN: 1472-4472
PB PharmaPress Ltd.
DT Journal; General Review
LA English
AB A ***review*** . MacroChem is developing Topiglan, a topical gel contg. prostaglandin E1 (PGE1 or alprostadil) and its patented through-the-skin absorption enhancer excipient (SEPA), for the potential treatment of ***erectile*** ***dysfunction*** . By Sept. 2000, it was in phase III clin. trials [382682]. By Oct. 2000, MacroChem expected to file an NDA for Topiglan in late 2002 [387433]. In Jan. 2002, at the JP Morgan Hambrecht & Quist 20th Annual Healthcare Conference in San Francisco, CA, MacroChem stated that further phase III studies were planned, including a reformulation that could reduce irritation and increase dosage, as well as providing new packaging that improves dose consistency. These studies should be underway by the third quarter of 2002, with a potential launch in late 2003 or early 2004 [436390]. The

company's patented SEPA technol. used in Topiglan is an absorption enhancer for transdermal delivery that has the potential to effectively increase the passage of therapeutic agents through the skin. The application of SEPA alone to the skin of carcinogenic-sensitive rats did not ***cause*** the development of tumors attributable to the SEPA [357621]. The company received a US notice of allowance of all patent claims covering Topiglan cin Feb. 1999. The patent (US-05942545) was issued in August 1999 [316028], [337720]. Further patent applications are pending in Canada, Europe and Japan [337720]. In Feb. 2000, MacroChem filed further patent applications in 13 countries in Europe, Asia and Latin America and with the EPO [355947].
RE.CNT 38 THERE ARE 38 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 5 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002318729 EMBASE
TI Medical management of sexual difficulties in HIV-positive individuals.
AU Hijazi L.; Nandwani R.; Kell P.
CS Dr. L. Hijazi, Genitourinary Services, Sandyford Initiative, 6 Sandyford Place, Glasgow G3 7NB, United Kingdom. lina.hijazi@glacomen.scot.nhs.uk
SO International Journal of STD and AIDS, (2002) 13/9 (587-592).
Refs: 27
ISSN: 0956-4624 CODEN: INSAE3
CY United Kingdom
DT Journal; General Review
FS 010 Obstetrics and Gynecology
028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB In the current era of effective antiretroviral therapy, sexual dysfunction is being increasingly recognized in HIV-positive individuals. This article reviews the literature about the ***causes*** , treatments available and any issues specific to the HIV-positive individual.

L6 ANSWER 6 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002149112 EMBASE
TI Fracture of the penis.
AU Eke N.
CS N. Eke, 27 Old Aba Road, Port Harcourt, Nigeria. eke.obowu@alpha.linkserve.com
SO British Journal of Surgery, (2002) 89/5 (555-565).
Refs: 124
ISSN: 0007-1323 CODEN: BJSUAM
CY United Kingdom
DT Journal; General Review
FS 005 General Pathology and Pathological Anatomy
009 Surgery
028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB Background: Sporadic reports of penile fracture give the impression of a rare trauma. The value of diagnostic investigations is doubtful and treatment options are controversial. Methods: A Medline search from January 1966 to July 2001 using the terms 'fracture of penis', 'penile trauma' and 'coital injuries' was used to identify full texts of publications on fracture of the penis. Full texts of relevant references from these publications were also identified. Data extracted for ***review*** included authors, country and year of publication, number of cases in each report, aetiology, clinical features, investigations, treatment and outcome. Results: In 183 publications 1331 cases were reported between January 1935 and July 2001. Most reports were from the Mediterranean region. The commonest ***causes*** were coitus and penile manipulations, especially masturbation. Most patients were in their fourth decade. Clinical features included sudden penile pain, detumescence, voiding difficulties, and penile swelling and deviation. Diagnosis was made mainly on clinical grounds. Associated injuries included urethral rupture. Predisposing factors included excessive force at coitus or manipulation, fibrosclerosis of the tunica albuginea and chronic urethritis. Most authors advocated early surgical repair using absorbable sutures. Complications of the injury included coital difficulty, urethral fistula, penile plaque and ***erectile*** ***dysfunction*** . Conclusion: Penile fracture is not rare. Radiological investigations are expensive and may delay treatment. Current management favours early surgical exploration to prevent complications.

L6 ANSWER 7 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002388420 EMBASE
TI Viagra.RTM. (sildenafil citrate) and ophthalmology.
AU Laties A.M.; Zrenner E.
CS A.M. Laties, Department of Ophthalmology, Scheie Eye Institute, Univ. of Pennsylvania Medical School, 51 N. 39th Street, Philadelphia, PA 19104, United States. laties@mail.med.upenn.edu
SO Progress in Retinal and Eye Research, (2002) 21/5 (485-506).
Refs: 111
ISSN: 1350-9462 CODEN: PRTRES
PUI S 1350-9462(02)00013-7
CY United Kingdom
DT Journal; General Review
FS 012 Ophthalmology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB Viagra.RTM. (sildenafil citrate) improves penile ***erections*** in men with ***erectile*** ***dysfunction*** (ED) by selectively inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), which is present in all vascular tissue. It also exerts a minor inhibitory action against PDE6, which is present exclusively in rod and cone photoreceptors. At higher doses, sildenafil ***causes*** mild and transient visual symptoms in a minority of patients (mainly blue tinge to vision, increased brightness of lights). Therefore, the effects of sildenafil on the visual system have been investigated in a wide variety of clinical and preclinical studies. In preclinical studies, sildenafil shows transient reversible effects on electrical response to light. In long-term toxicology studies in which animals were exposed to high multiples of the maximum human therapeutic dose, detailed examinations have revealed no adverse effects on the structure or function of the eye. The effects of sildenafil have been systematically investigated in visual function studies in volunteers and in patients with eye disease; sildenafil does not affect visual acuity, visual fields, and contrast sensitivity. The only definite effect is transient, mild impairment of color discrimination occurring around the time of peak plasma levels. In long-term studies, no long-term effects of sildenafil on the visual system have been observed. Postmarketing, sildenafil has been prescribed to over 15 million men with ED. Isolated examples of a variety of visual adverse events have been reported. No consistent pattern has emerged to suggest any long-term effect of sildenafil on the retina or other structures of the eye. Based on this experience, intermittent, short-term, partial inhibition of PDE5 or PDE6 by sildenafil is unlikely to induce any long-term visual change.

L6 ANSWER 8 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.DUPLICATE 1
AN 2002288535 EMBASE
TI Management of ***erectile*** ***dysfunction*** : Defining the role of sildenafil.
AU Lyseng-Williamson K.A.; Wagstaff A.J.
CS K.A. Lyseng-Williamson, Adis International Limited, 41 Centorian Drive, Auckland 10, New Zealand. demail@adis.co.nz
SO Disease Management and Health Outcomes, (2002) 10/7 (431-452).
Refs: 171
ISSN: 1173-8790 CODEN: DMHOFV
CY New Zealand
DT Journal; General Review
FS 028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
AB ***Erectile*** ***dysfunction*** (ED) affects many men and, as the elderly population grows, the incidence of ED and demand for treatment will increase. Many organic and/or psychogenic factors ***cause*** or worsen ED. For healthcare providers and insurers, the treatment of ED involves direct medical costs (e.g. drug costs and physician visits). Indirectly, the effects of ED on the overall health and mental status of the patient may affect medical and societal costs. Management of ED should include alteration of modifiable risk factors (e.g. lifestyle and psychosocial factors); however, these modifications are frequently insufficient to completely reverse ED. Oral sildenafil 25 to 100mg is considered first-line direct therapy for ED and is effective in 70% of men with ED. A selective phosphodiesterase type 5 (PDE5) inhibitor, sildenafil improves the ability to attain and maintain erections and increases the rate of successful sexual intercourse in men with ED regardless of their age, presence of other medical conditions and concomitant antihypertensive or antidepressant medications. Sildenafil treatment may be initiated by primary care physicians instead of by specialists, which decreases costs to healthcare payors. Sildenafil treatment significantly improves quality-of-life related to sexual function and general well being; potential healthcare savings may result as these effects trickle down. Commonly reported adverse events are predominantly transient, mild and dose-related and include headache, flushing, dyspepsia, nasal congestion and abnormal vision. Concurrent administration of sildenafil and organic nitrates is contraindicated because marked hypotension may occur. Sublingual apomorphine (not currently available in the US) and vardenafil and tadalafil (PDE5 inhibitors in late stages of development) are other potential oral treatments for ED. Second-line pharmacological therapies include intracavernosal injections (alprostadil, papaverine, phentolamine and combinations of these agents) and intraurethral alprostadil. Non-pharmacological treatments include vacuum constrictor devices and, rarely, vascular surgery or penile implants. In economic models, sildenafil is cost effective compared with no treatment or papaverine/phentolamine injections. The cost-effectiveness of sildenafil compares favorably with that of accepted therapies for other medical conditions. Overall healthcare costs for health plan organizations did not increase significantly with the addition of sildenafil coverage. Seeking medical attention for ED may contribute to the early detection of serious concomitant conditions and result in long-term reductions in healthcare costs. In conclusion, sildenafil is an effective oral therapy for men with ED of various etiologies. Its efficacy in improving erectile function,

ease-of-use and good tolerability profile make sildenafil first-line treatment for men with ED who do not have contraindications to its use.

L6 ANSWER 9 OF 164 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:433827 BIOSIS
DN PREV200200433827
TI Complications following permanent prostate brachytherapy.
AU Stone, N. N. (1); Stock, R. G.
CS (1) Departments of Urology and Radiation Oncology, Mount Sinai School of Medicine, 1 Gustav Levy Place, New York, NY, 10028: nproseed@aol.com USA
SO European Urology, (April, 2002) Vol. 41, No. 4, pp. 427-433. http://www.elsevier.com/locate/eururo. print.
ISSN: 0302-2838.
DT Article
LA English
AB Objectives: The acute and chronic complications of permanent prostate brachytherapy are discussed. Materials and Methods: ***Review*** of literature for the complications associated with iodine-125 (125I) and palladium-103 (103Pd) prostate brachytherapy. Acute complications included urinary retention, changes in the International Prostate Symptom Score (IPSS) and need for TURP. Chronic morbidity included permanent urinary symptoms, incontinence, radiation proctitis and ***erectile*** ***dysfunction*** . Results: Urinary retention occurred in 1.5-22% of the patients postimplant. Acute urinary symptoms increased by over 100% 1 month after the procedure. By 12 months, the symptoms were either back to baseline or slightly elevated in over 90% of the patients. Significant obstructive symptoms or persistent urinary retention necessitating TURP occurred in 0-8.7%. Urinary incontinence was found in 0-19% treated by implant without associated TURP, in 0-85% for those who had a TURP prior to the implant and in 0-17% for those who had the TURP subsequent to the implant. Potency rates ranged from 34% to 86% 1-6 years postimplant. Radiation proctitis was found in 0.5-21.4%, with significant injury (fistula) occurring in 1-2.4%. Conclusions: The data from this report suggests that permanent prostate brachytherapy can be accomplished with minimal short- and long-term morbidity. Attention to detail as well as an appreciation to the ***causative*** factors for the morbidity will help reduce treatment-related side effects.

L6 ANSWER 10 OF 164 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002342589 EMBASE
TI Excision and primary anastomosis for anterior urethral stricture.
AU Jezior J.R.; Schlossberg S.M.
CS Dr. S.M. Schlossberg, Devine Ctr. Genitourinary Reconstr., 400 West Brambleton Avenue, Norfolk, VA 23501, United States. smschlos@sentara.com
SO Urologic Clinics of North America, (2002) 29/2 (373-380). Refs: 26
ISSN: 0094-0143 CODEN: UCNADW
PUI S 0094-0143(02)00035-6
CY United States
DT Journal; General Review
FS 028 Urology and Nephrology
LA English
SL English
AB Excision with spatulated primary anastomosis (EPA) is an excellent reconstructive option for short bulbar urethral strictures with success rates between 90 and 95% in appropriately selected patients. Patient selection requires a careful history, physical examination, and radiographic staging. Failure with this reliable method is ***caused*** by inadequate excision of urethral stricture and incomplete mobilization of the urethra with excessive anastomotic tension. Complications that include wound and urinary tract infections, chordee, and ***erectile*** ***dysfunction*** , are uncommon. EPA warrants strong consideration as a first line treatment due to its excellent and durable long-term results.

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(FILE 'HOME' ENTERED AT 15:55:53 ON 21 NOV 2002)

FILE 'BIOSIS, EMBASE, CAPLUS' ENTERED AT 15:57:05 ON 21 NOV 2002
L1 7766 S ERECT? (5A) (DYSFUNCTION OR DISORDER OR DISEAS?)
L2 1014 S L1 AND REVIEW
L3 1120 S L1 AND CAUS?
L4 191 S L3 AND REVIEW
L5 0 S L4 NOT L2
L6 164 DUP REM L4 (27 DUPLICATES REMOVED)

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---Logging off of STN---

=>
Executing the logoff script...

=> LOG Y

COST IN U.S. DOLLARS	ENTRY	SINCE FILE SESSION	TOTAL
FULL ESTIMATED COST		78.34	78.76

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	ENTRY	SINCE FILE SESSION	TOTAL
CA SUBSCRIBER PRICE		-1.24	-1.24

STN INTERNATIONAL LOGOFF AT 16:14:44 ON 21 NOV 2002